

Reference Request

Send this form to the Records Center at MS: 40239 or FAX (360) 586-9137

Requestor Password	Requestor Name	Requestor Phone Number	Date
Agency Name		Agency OFM Number	Mailstop
Office Name			Office Number

List each requested file or box separately.

Barcode Box Number Or Accession Number/Box Number (Location not needed)	*24-hr Pickup? (Check if Yes)	Whole Box? (Check if Yes)	If file only: File Name and/or Number (leave blank for whole box)
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